

**DECLARATION AND POWER OF ATTORNEY
UNDER 35 USC §371(c)(4) FOR
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: Method for making a card with multiple contact tips for testing microsphere integrated circuits, and testing device using
said described and claimed in international application number PCT/FR01/02411
filed 24 July 2001.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to my international application are hereby claimed:

French Patent Application n° 0009930, filed on 28 July 2000

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

None

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

(45) James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and
Edward P. Walker, Reg. No. 31,450.

(46) ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1/100 Typewritten Full Name
of Sole or First Inventor André Given Name A. Initial H. Family Name BELMONT

2 Inventor's Signature André Hameau _____

3 Date of Signature 25 February 2002 _____

Residence La Batie Divisin FRX State or Province FRANCE
City _____ Country FRANCE

Citizenship French _____

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address, including country) 38490 La Batie Divisin (FR)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

(Discard this page in a sole inventor application)

2.0

1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature			
3	Date of Signature	25 February 2002	FRANCE	
Residence	Voiron	City	State or Province	Country
Citizenship	French			
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3.0	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature			
3	Date of Signature	25 February 2002	FRANCE	
Residence	Saint Martin d'Hères	City	State or Province	Country
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Post Office Address (Insert complete mailing address, including country)	9, rue Gay 38400 Saint Martin d'Hères (FR)			
1.0	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature			
3	Date of Signature			
Residence	City	State or Province	Country	
Citizenship				
Post Office Address (Insert complete mailing address, including country)				
1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature			
3	Date of Signature			
Residence	City	State or Province	Country	
Citizenship				
Post Office Address (Insert complete mailing address, including country)				

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.